

The Hill Tucker Bar Association ("HTBA") is one of the oldest historically African-American bar associations in the Commonwealth. The Hill Tucker Bar Association Fellowship is a full-time (40 hours per week), six-week minimum, summer program open to all first-or second-year diverse law students that attend school in Virginia.

The mission of the HTBA Fellowship is to provide opportunities to students who desire to work and serve in the traditionally underrepresented area of public service.

Please complete the application in its entirety. HTBA will not review any incomplete submissions. It is the responsibility of the applicant to ensure that all application materials are received by the application deadline.

Initial each page of this application in the space provide in the bottom right hand corner.

Application Deadline

This application and all accompanying documentation, including but not limited to the required essay, transcripts, letters of recommendation, are to be postmarked no later than <u>March 31, 2017</u>. Completed applications and accompanying documentation may be sent to :

Hill Tucker Bar Association Attn: 2017 HTBA Fellowship P.O. Box 14 Richmond, VA 23219

Employment and Duration

Employment must be secured in the Commonwealth of Virginia located in the Metro Richmond, Henrico, and Chesterfield areas. The Fellow is responsible for securing summer employment in the public interest field. The duration of the Fellowship must be at least six (6) weeks. Students may combine employment opportunities to satisfy the six (6) week requirement.

Terms and Conditions

By signing the 2017 Hill Tucker Bar Association Fellowship application, all applicants agree to the following, if awarded Fellowship:

1. Serve on the selection committee, if requested, during the bar year immediately following the fellowship;

1

_I understand the terms and conditions of the HTBA Fellowship

- 2. Provide a bi-weekly report, to the fellowship coordinator, summarizing activities performed during the employment position;
- 3. Provide a report to the HTBA general membership regarding experiences gained during the HTBA Fellowship on a date and time to be determined by the current selection committee during the bar year immediately following receipt of the HTBA Fellowship;
- 4. Withdraw any outstanding applications for other conflicting opportunities upon accepting the offer of the HTBA Fellowship; and
- 5. HTBA Fellowships cannot be deferred.

Fellowship Disbursement and Tax Implications

Funds will be awarded, bi weekly, contingent on the submission of the bi-weekly reports summarizing activities performed during the employment position. All HTBA Fellowship funds are taxable for U.S. income tax purposes, unless the recipient qualifies for some type of exclusion or deduction. No income taxes will be withheld from HTBA Fellowship funds and no year-end reporting, such as a Form 1099, will be provided to HTBA Fellowship recipients. The treatment of HTBA Fellowship funds for tax purposes is the recipient's individual responsibility. Recipients are responsible for making any required estimated tax payments. We recommend recipients consult a qualified tax advisor. Recipients may also wish to refer to IRS Publication 970, Tax Benefits for Education, for more information on the tax treatment of fellowships.

Interview

Selected applicants will be interviewed by phone before the HTBA Fellowship is awarded. A member of the HTBA Fellowship Selection Committee will notify selected applicants of interview dates and times. Interviews will take place during the week of April 10, 2017.

Contact information

HTBA may be contacted at **hilltuckerbar@gmail.com**.

Contact Information	
Full Name:	
Mailing Address:	
Phone Number (s):	
(Cell Phone)	(Other)
Name of School currently attending:	
Location of School currently attending:	
Fellow's Participating Employer Information	
Full Name of the Employer:	
Address of the Employer:	
Is this a public interest position?Yes	No
Name of Supervisor:	
Supervisor's Contact Phone Number: (Office)	(Other)
Educational Background - starting with the current/ n be requested at a later date.	most recent institution(s). Transcripts may
Name of School:	
Address:	
Attended from: to	
Degree Received (Type and date):	and
3	

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Awards/Honors:	
Name of School:	
Address:	
Attended from: to	
Degree Received (Type and date):	and
Awards/Honors:	
Name of School:	
Address:	
Attended from: to	
Degree Received (Type and date):	and
Awards/Honors:	
Name of School:	
Address:	
Attended from: to	
Degree Received (Type and date):	and
	4 I understand the terms and conditions of the HTBA Fellowship

Awards/Honors:		
Professional Background		
Name of Employer:		
Dates worked: From	to	
Supervisor's name and position:		
Supervisor's Contact Phone Number:	(Office)	(Other)
Name of Employer:		
Dates worked: From	to	
Supervisor's name and position:		
Supervisor's Contact Phone Number:	(Office)	(Other)
Name of Employer:		
Dates worked: From	to	
Supervisor's name and position:		
Supervisor's Contact Phone Number:	(Office)	(Other)
Volunteer Experience		
Name of Organization:		
Volunteered Dates: From	to	

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Briefly describe your duties as a volunteer at this organization:

Name of Organization:

Volunteered Dates: From _____ to _____

Briefly describe your duties as a volunteer at this organization:

<u>Essay</u>

Write an essay, in a minimum of 750 words, explaining your interest in public service and how the HTBA Fellowship will enable you to further your goal/desire to work in the interest of the community and its members.

Letter of Recommendation

Include one (1) letter of recommendation from a professional reference. This recommendation should highlight your desire, experience, or other relevant information that relates to the desire to work in the public interest sector.

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for denial of receipt of the HTBA Fellowship. I further certify that I understand and agree to all terms and conditions set forth in this application.

Signature: Date:

For Administrative Use Only:	
Amount awarded:	
Start date of fellowship:	End date of fellowship:
Name of participating employer:	